PTO/SB/81 (02-01) Approved for use through 10/31/2002, OMB 0851-0035

ess Mail No.: ER 24185	007/4 US	Analtastian Numb -				
		Application Numb r		herewith		
		Filing Date		/illiam M.	Smlth	
POWER OF ATTORNEY OR		First Named Inventor		Method and Apparatus for an		
POWER OF ATT	LOE ACENT	Title	A	djustable	Traller	
AUTHORIZATION	V OF AGENT	Group Art Unit				
		Examiner Name				
		Attorney Docket Num	ber 7	4088-002	2	
I hereby appoint:	•					
		227422				1
Practitioners at Cust	ömer Number	029493		Place b	arcode lab	el here
OR						
Practitioner(s) name	of holow:					
Practitioner(s) harrie	Name		Regi	stration Nu	umber	
			•			
			e and t	o transact	all	
as my/our attorney(s) of a husiness in the United Si	agent(s) to prosecute the states Patent and Trademar	rk Office connected there	with.	0 4 10 10 10 10 10	<b>4</b>	
parities in the children						
Firm or Individual Name	David Chambers, 50,788					
Address	Husch & Eppenberger, LLC					
Address	190 Carondelet Plaza					
City	St. Louis		State	MO	Zip	63105
	USA					
Country	222 222 4222		Fax	309-637-	4928	
Country Telephone	309-637-4900					

Statement under 37 CFR 3.73(b) is enclosed, (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record

William M. Smith Name

· Esa-Signature 9-30-2003

NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\_\_\_ forms are submitted. \*Total of Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time you are required to complete this form should be sent to Mail Stop Comments - Patents, P.O. Box 1450, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0551-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

ler the Paperwork Reduction Act of 1995, no persons ere requir	Ad to tapholid to a solitation.			
er ine Papawerk Reduction Act of 1999	Express Mail No.	ER 241850974 US		
LARATION FOR UTILITY, DESIGN, DIVISIONAL AND TINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1	.63) Attorney Docket Numb	74088-002		
TINUATIONIN-PART PATENT APPLICATIONS (F)	First Named Inventor			
Declaration Submitted with Initial Filing		COMPLETE IF KNOWN		
	Application Number			
Supplemental Declaration Declaration	i Filing Date .	herewith		
Decisration Submitted for Submitted for Submitted Continuation-in-		·		
Part Filing	Examiner Name			
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as I believe I am the original, first and sole inventor (if of names are listed below) of the subject matter which I Method and Apparatus for an Adjustable Trailer	s stated below next to my name only one name is listed below) is claimed and for which a pat	or an original first and injut inventor (if plural		
the specification of which  Is attached hereto  OR	(Title of the Invention)	·		
		tates Application Number or PCT International		
<ul><li>☑ Is attached hereto</li><li>OR</li><li>☑ was filed on (MM/DD/YYYY)</li></ul>	as United S was amended on (MM/DD/Y	(if applicable)		

[Page 1 of 2]

PTO/SB/01 (03-01)

Approvad for use through 10/31/2002. OMB 0551-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Country

supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collegitor of information unless it displays a valid OMB control number. **DECLARATION** — Utility or Design Patent Application Customer Number OR Correspondence address below 029493 Direct all correspondence to: or Bar Code Label David Chambers Name Husch & Eppenberger, LLC, 190 Carondelet Plaza, Suite 600 Address 63105 ZIP MO State St. Louis City 309-637-4900 Fax 309-637-4928 Telephone USA Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Family Name Given Name Smith or Surname William M. (first and middle [if any]) 9-30-03 inventor's Signature Citizenship Country State Residence: U.S. Illinois U.S. Kewanee City 3691 Midland Rd Mailing Address State Country United States of America 61443 Kewanee City A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name Given Name or Surname (first and middle [if any]) inventor's Date Signature Country Citizenship State Residence: City Mailing Address

State.

CIty

Additional inventors are being named on the